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SWAFFHAM RURAL DISTRICT COUNCIL

ANNUAL REPORT

of the

MEDICAL OFFICER OF HEALTH.

Together with the

REPORT

of the

PUBLIC HEALTH INSPECTOR

1966

S T A F F

Medical Officer of Health : A. AFNAN, L.A.H., D.F.H. (Engl:)  
M.D., D.L.O. (Teh:)

Public Health Inspector : D.B. FOXWELL, C.S.I.B.,  
M.A.P.H.I.

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SWAFFHAM RURAL DISTRICT COUNCIL

ANNUAL REPORT

OF THE MEDICAL OFFICER OF HEALTH FOR 1966

Mr. Chairman,

Ladies and Gentlemen,

I have the honour to present to you my Annual Report on the Health Services of the District for the year 1966.

INTRODUCTION

The Registrar General's mid-year estimate of population was 9,930. During the year there were 175 live births, of which 5 were illegitimate. There were 74 deaths. The adjusted birth rate and the adjusted death rate are 18.2 and 6.0 respectively.

The control of infectious diseases has left cancer and heart diseases as the major causes of death.

The most common sites of cancer are - the lungs and bronchus, breast, stomach, colon, rectum, cervix uteri. The following are the figures of deaths from these forms of cancer for the East Anglian region during 1960-1964.

Lung and bronchus	3656
Breast	2828
Stomach	2008
Colon	1996
Rectum	1403
Cervix uteri	700

It will be seen from these figures that deaths from cervix uteri cancer are comparatively low.

The three problems hampering local authorities in the provision and extension of a cervical cancer screening service for women throughout the country are - the shortage of trained technicians to read slides, the lack of laboratory facilities and shortage of public funds.

A ten-year survey on causes of death which the Statistical Research Unit of the Medical Research Unit carried out among some 40,000 doctors showed that not only lung cancer, but other causes are related to smoking, and that death rates declined immediately on giving up smoking. Of the 4,597 deaths during this period, it was found that 39% (1,775) were from causes "related to smoking". They were cancer of the lung, other respiratory and digestive cancers, chronic bronchitis, coronary diseases (without high blood pressure) and Peptic ulcers.

One heavy smoker in ten gets lung cancer. This is a gamble that would not be accepted by air passengers if it were known that one aircraft in ten would crash.

The trouble with lung cancer, it seems, is that few smokers think it could happen to them.

About half the smoke you inhale remains in the lungs, undermining health and considerably reducing life expectancy. Bronchitis causes the loss of 27 million working days a year and every year about 30,000 people in England and

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Wales die of this disease. Coronary heart disease accounts for 100,000 deaths every year in England and Wales, and is more than twice as frequent among smokers as among non-smokers.

On the question of smoking, the Minister of Health was right to encourage hospitals and local authorities to set an example in the buildings under their control. A previous report to Hospital Boards and Committees to review their rules about smoking met with some success. The result of an enquiry by the Ministry showed that seven out of ten hospitals had imposed restrictions on smoking in wards and eight out of ten on smoking by out-patients. A similar number had prohibited visitors from smoking in wards. Virtually all hospitals had forbidden all of their staff to smoke in treatment areas, in kitchens and in food preparation rooms.

Now the Minister has asked local authorities who own public halls, theatres and libraries to display "No Smoking" notices or to set aside part of large premises such as restaurants for "non-smokers". As the Minister says: "People who have given up smoking, or are trying to do so, are subject to strong group pressure towards smoking if they sit for any length of time in the vicinity of those who are smoking."

Coupon schemes by tobacco companies are frustrating any attempt made to reduce cigarette advertising. Coupon schemes amounted to £24 million last year. Any form of sales promotion which brought pressure on people to increase or maintain the number of cigarettes they smoke should be prohibited.

Smoking is a custom which is loathsome to the eye, hateful to the nose, harmful to the brain and dangerous to the lungs. It is dangerous, abnormal, messy, expensive and contrary to reason.

After publishing the report of the Tobacco Research Council (1963-66) the tobacco industry can no longer have any reasonable doubt that its major product, the cigarette, kills a significant proportion of its customers. During experiments on animals it caused cancer of the skin and lungs. Also it has been found to cause more still births, higher neo-natal mortality and lower birth weight in the offspring of mothers who smoke in pregnancy.

All these findings are the result either of research at the Tobacco Research Council's own research laboratories at Harrogate, or else to studies sponsored by the Council. This is particularly interesting and encouraging when one remembers that only a few years ago the industry was flatly denying that cigarettes produced any ill effects.

The statement by Mr. G.F.Todd, director of the Tobacco Research Committee, that he hopes eventually to be able to remove the cancerous substances, thereby producing a safe cigarette is deplorable.

While this would certainly be an advance, it is important to recognise that chronic bronchitis, coronary heart disease together cause more disability

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from cigarettes than lung cancer. It is almost certain that the removal of carcinogenic factors would have no effect on these diseases. From this standpoint, the use of the term "safe cigarette" is grossly misleading.

The above report has changed a harmless industry into a dangerous industry. But it takes a lot to convince a man that his livelihood is responsible for others deaths. We must realise that people are more important than profits. Those of us who daily see the end stages of these distressing and preventable diseases echo King Edward VII's words concerning tuberculosis, "If preventable why not prevented".

Our social strategy must be to prevent as many as possible of the younger generation from learning to smoke. Positive education to this end is important, but inadequate in the face of today's high powered promotion methods. A phased legislation aiming at the elimination of all cigarette advertising, coupons, and promotion should be the next item on the agenda of any Minister of Health.

As Sir William Osler said "There are three to educate, the people, the profession and the patient. The public is awake sitting on the edge of the bed not yet dressed, but it is an improvement even to get the public awake".

To educate the profession is as difficult as that of the public, early recognition is the first and most important duty.

Lastly, there is the patient who has to be sought early and told he has a recoverable disease.

There is a tendency nowadays for young adolescents to take drugs for 'kicks'. This is a dangerous practice as one is never sure how these drugs are going to kick back.

Drug dependence is a state arising from taking a narcotic drug on a continuous basis and a person who develops drug dependence is unable to stop taking drugs without mental and physical symptoms.

A person may depend upon the presence of the drug -

1. for normal functioning of the body e.g. diabetes
2. to provide enjoyment or to suppress his mental or emotional difficulties
3. Through the desire to follow a trend in fashion and to conform to the behaviour and standards of his particular community.

The problem lies not in the "drug" but in the "Taker".

A normal and healthy body does not need drugs. In the case of illness, benefit derived from the correct drug used in the correct way is immeasurable, and its administration is left to qualified doctors only.

It is said that three factors combine to make people dependent on drugs, a personal weakness, crisis and the availability of drugs.

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Today many young people are sufficiently affluent and independent, and take pop pills to keep them active and awake into the night in order to make the most of their outing. Those all-night parties which are known as "raves" are a continual source of anxiety to those concerned with the welfare of young people.

A stricter control of the manufacture, distribution and prescribing of drugs, greater police vigilance, prosecution of drug pushers, more effective legislation, and mobilisation of public opinion, particularly young opinion, against drug taking are some recommended measures.

Suicide now ranks among the first ten causes of adult deaths in industrialised countries and is increasing among young people. According to the report by the W.H.O. about 1,000 people commit suicide every day. For every three student deaths, one is likely to be the result of suicide. About four or five times as many men commit suicide as women.

The large proportion of suicides occur amongst depressives and alcoholics. If untreated, between 14% and 17% of depressives and between 5% and 8% of alcoholics, will take their lives. Many will see a doctor or a psychiatrist shortly before their death. The general practitioner is the person to whom the patient naturally turns for help and this should be the ideal starting point for the commencement of a suicide prevention service.

Violence on television has a damaging effect on young viewers. The young children soon become accustomed to violence on the screen. Its worst effect is not an increase in the number of delinquents, but a certain moral and psychological deterioration. While there is no question of avoiding all scenes of violence in programmes the gratuitous exploitation of brutality should be avoided, as should the idea that violence is the natural solution of all difficulties. Parents have a great responsibility for selection in viewing. Children can benefit from television, but one should realise it is not made for them.

Hypothermia is much more common cause of death and unnecessary death, amongst the elderly in this country than has hitherto been suspected. In the elderly, very often there is an absence of shivering, which is the natural defence mechanism in younger people against cold. The other symptoms are circulatory failure, low blood pressure and a lowered resistance to infection.

The exceptional cold spell which occurred in the early months of 1963 may have killed up to 30,000 people in England and Wales. There is evidence that these deaths may have been the result less of extremely low temperature than of associated discomforts like air pollution and waves of infection which a bad winter brings.

The toll of those months is weighed up in the commentary to the Registrar-General's statistical Review for 1963. It says that the number of additional deaths in the first quarter of 1963 (comparing it with the first quarters of the three previous years) was 30,800.

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More food is necessary in cold weather, though people who are short of money sometimes save on food to buy fuel. The heat insulations and heating system of the existing houses as well as new dwellings should be improved. Installation of central heating units are necessary to provide adequate heating all round the home.

You can buy a new car if you smash your old one, but you cannot even with all the medical skill available today, buy or create a new and efficient human body. Yet, most people are far more ready to take care of their material and replaceable possessions than to look after their body's well-being. How little we teach either children or adults about the ways in which bodily health can be promoted or injured, and how unwilling they are to heed what we say.

Most people are very unwilling to face up to the need to give their bodies more consideration when they reach the forties. They eat too much, many drink too much, large numbers smoke too much and the majority are not active enough to keep their bodies well exercised and in good condition. They would certainly not neglect their dogs in this way. If they did, they would soon attract the attention of the R.S.P.C.A.

A startling poster in black and white, published by the Central Council for Health Education, urging all men who work on the land to be immunised against tetanus toxoid was distributed in the district through the Council Offices.

Regarding the health checks of immigrants, the position is that each immigrant on arriving in this country receives a small pink card printed in English, French, Italian, Hindi, Bengali and Urdu, in which he is encouraged to register with a medical practitioner immediately, without waiting until he is ill. The Port Medical Officer of Health sends the address of immigrants to Medical Officers of Health concerned, to arrange for the immigrants to be visited and told about the services.

In conclusion, I wish to record my thanks to the Chairman and Members of the Public Health Committee, and my appreciation of the work of the staff of the department, including the clerical staff who have always shown themselves willing in the care of Public Health; although the amount of their work has increased very significantly.

I have the honour to be, Ladies and Gentlemen,

Your obedient Servant,

A. AFNAN

Medical Officer of Health





Table 1. GENERAL STATISTICS

Area (in acres)	93,216
Estimated Resident Population	9,930
Rateable Value	£203,210
Sum produced by a Penny Rate	£336

Table 2. LIVE BIRTHS

	Males	Females	Total
Legitimate	93	77	170
Illegitimate	3	2	5
Totals	96	79	175

Live Birth Rate per 1,000 of estimated Resident Population -

Crude = 17.4  
Adjusted = 13.2

Table 3. STILL BIRTHS

	Males	Females	Total
Legitimate	0	0	0
Illegitimate	0	0	0
Totals	0	0	0

Still Birth Rate per 1,000 total births = Nil

Table 4. TOTAL BIRTHS

	Males	Females	Total
Live	96	79	175
Still	0	0	0
Totals	96	79	175

Table 5. INFANT DEATHS

(a) Infant Mortality (Deaths of Infants under 1 year)

	Males	Females	Total
Legitimate	-	1	1
Illegitimate	-	0	0
Totals	-	1	1

Infant Mortality Rates:

Total = 5.7 (per 1,000 live births)



(b) Neo-Natal Mortality (Deaths of Infants during first four weeks)

	Males	Females	Total
Legitimate	-	1	1
Illegitimate	-	-	-

Neo-Natal Mortality Rate (per 1,000 live births) = 5.7

(c) Early Neo-Natal Mortality (Deaths of Infants under one week)

	Males	Females	Total
Legitimate	-	1	1
Illegitimate	-	-	-

Early Neo-Natal Mortality Rate (per 1,000 live births) = 5.7

(d) Perinatal Mortality (Still births and deaths under 1 week)

	Males	Females	Total
Legitimate	-	1	1
Illegitimate	-	-	-

Perinatal Mortality Rate (per 1,000 total births) = 5.7

Table 6. ILLEGITIMATE BIRTHS

Males - 3      Females - 2      Total - 5 = 2.8% of Total Live Births

Table 7. MATERNAL DEATHS (including abortion) = Nil

Maternal Mortality Rate (per 1,000 total births) = Nil

Table 8. DEATHS (all ages)

Males	Females	Total
43	31	74

Crude Death Rate (per 1,000 of estimated Resident Population) = 7.5

Adjusted " " ( " " " " " " " " = 6.0

Table 9. CAUSES OF DEATH OF INFANTS UNDER ONE YEAR

	Males	Females	Total
Pneumonia	-	-	-
Other infective and Parasitic diseases	-	-	-
Other defined & ill-defined diseases	-	1	1
Congenital malformations	-	-	-
Other diseases of respiratory system	-	-	-
Totals	-	1	1





Table 10.

NOTIFICATION OF DEATHS RECEIVED DURING THE YEAR  
(According to Age Groups)

	Males	Females	Total
Under 4 weeks	-	1	1
4 weeks and under 1 year	-	-	-
1 and under 5	-	1	1
5 and under 15	-	1	1
15 and under 25	-	-	-
25 and under 35	-	-	-
35 and under 45	-	1	1
45 and under 55	3	1	4
55 and under 65	10	5	15
65 and under 75	12	6	18
75 and over	18	15	33
Totals	43	31	74

Table 11.

CAUSE OF TOTAL DEATHS (Registrar-General)

	Males	Females	Total
1. Tuberculosis, respiratory	-	-	-
2. Tuberculosis, other	-	-	-
3. Syphilitic disease	-	-	-
4. Diphtheria	-	-	-
5. Whooping Cough	-	-	-
6. Meningococcal infection	-	-	-
7. Acute Poliomyelitis	-	-	-
8. Measles	-	-	-
9. Other infective and parasitic diseases	1	-	1
10. Malignant neoplasm, stomach	1	-	1
11. Malignant neoplasm, lung, bronchus	6	1	7
12. Malignant neoplasm, breast	-	-	-
13. Malignant neoplasm, uterus	-	-	-
14. Other malignant and lymphatic neoplasm	5	6	11
15. Leukemia, Aleukemia	-	1	1
16. Diabetes	-	-	-
17. Vascular lesions of nervous system	5	1	6
18. Coronary disease, angina	9	6	15
19. Hypertension with heart disease	-	1	1
20. Other heart diseases	2	4	6
21. Other circulatory diseases	1	2	3
22. Influenza	-	-	-
23. Pneumonia	3	2	5
24. Bronchitis	4	1	5
25. Other diseases of respiratory system	-	-	-
26. Ulcer of stomach and duodenum	-	-	-
27. Gastritis, enteritis and diarrhoea	1	-	1
28. Nephritis and nephrosis	1	-	1
29. Hyperplasia of prostate	1	-	1
30. Pregnancy, childbirth and abortion	-	-	-
31. Congenital malformations	-	-	-
32. Other defined and ill-defined diseases	1	4	5
33. Motor vehicle accidents	1	-	1
34. All other accidents	1	2	3
35. Suicide	-	-	-
36. Homicide and operations of war	-	-	-
Totals	43	31	74



Table 12.

COMPARISON WITH PREVIOUS YEARS

	1966	1965	1964	1963	1962
Estimated Population	9,930	9,750	9,500	9,360	9,140
Total Births	175	195	187	185	180
Total Deaths	74	115	94	92	99
Birth Rate (Crude)	17.4	19.5	19.4	19.8	19.6
Death Rate (Crude)	7.5	11.7	9.8	9.8	10.8
Infant Deaths	1	1	2	3	3
Infant Mortality Rate	5.7	5.2	10.8	16.2	16.8
Stillbirths	Nil	4	2	9	1
Stillbirth Rate	Nil	20.5	10.8	46.4	30.5





NUMBERS OF INFECTIOUS AND OTHER NOTIFIABLE DISEASES

Table 13.

Disease	Under 1	1	2	3	4	5-9	10-14	15-24	Over 25	Age Unknown	Total
Scarlet Fever				1	1	1	2				5
Whooping Cough	1				1	3					5
Measles	2	3	13	18	16	65	15	2	1		140
Erysipelas									1		1
Infective Hepatitis						1			1		2
TOTALS	3	3	13	19	13	70	17	2	3	-	153

Table 14.

TUBERCULOSIS REGISTER

YEAR	RESPIRATORY			OTHER			GRAND TOTAL
	M.	F.	TOTAL	M.	F.	TOTAL	
1966	10	13	23	1	2	3	26
1965	12	15	27	1	2	3	30
1964	12	14	26	1	3	4	30
1963	12	18	30	1	3	4	34
1962	11	15	26	2	2	4	30



TABLE 15

TETANUS IMMUNISATION Health Area 6

	YEAR OF BIRTH						TOTALS
	1966	1965	1964	1963	1959-62	Others under 16	
PRIMARY BOOSTER	217 14	384 69	46 181	20 44	32 213	42 162	741 683
TOTALS	231	453	227	64	245	204	1424

TABLE 16

DIPHTHERIA IMMUNISATION - Health Area 6

	YEAR OF BIRTH						TOTALS
	1966	1965	1964	1963	1959-62	Others under 16	
PRIMARY BOOSTER	217 14	383 69	46 181	20 42	32 206	35 91	733 603
TOTALS	231	452	227	62	238	126	1336

TABLE 17

WHOOPING COUGH IMMUNISATION - Health Area 6

	YEAR OF BIRTH						TOTALS
	1966	1965	1964	1963	1959-62	Others under 16	
PRIMARY BOOSTER	217 14	379 67	46 179	20 38	17 139	3 26	682 463
TOTALS	231	446	225	58	156	29	1145

TABLE 18

SMALLPOX VACCINATION - Health Area 6

Age at Date of Vaccination	Numbers Vaccinated	Numbers Re-Vaccinated
0 - 3 months	5	-
3 - 6 months	4	-
6 - 9 months	1	-
9 - 12 months	7	-
1 year	247	-
2 - 4	130	3
5 - 15	59	60
TOTALS	453	63





TABLE 19

ORAL POLIOMYELITIS - Health Area 6

	YEAR OF BIRTH						TOTALS
	1966	1965	1964	1963	1959-62	Others under 16	
PRIMARY BOOSTER	153 6	421 19	75 24	23 31	32 554	4 96	708 730
TOTALS	159	440	99	54	586	100	1438



ANNUAL REPORT OF PUBLIC HEALTH INSPECTOR FOR  
1966

Mr. Chairman,  
Ladies and Gentlemen,

I beg to submit hereunder my Annual Report for the year ending 31st December, 1966.

1. RECORD OF INSPECTIONS

Drainage & Sewerage	52
Housing	257
Refuse Collection and Disposal	152
Food Premises	120
Water Supplies	32
Infectious Diseases	12
Moveable Dwellings	24
Factories	24
Rat Infestation	47
Milk & Dairies	14
Infestations	8
Miscellaneous	46
	<u>788</u>

2. COMPLAINTS AND NUISANCES

22 reported nuisances were investigated during the year, mostly relating to the keeping of animals and drainage. One Statutory Notice was served in securing the abatement of a nuisance caused by unsatisfactory drainage from a domestic property.

3. HOUSING

During the year 14 Notices of Time and Place under the Housing Act 1957 were served on owners of property considered to be unfit for human occupation. This resulted in the making of 10 Demolition Orders and 4 Closing Orders. 12 houses were demolished during the year.

Applications for Improvement Grants were approved in respect of 20 houses. Of these, 5 were for Discretionary Grants for which the total grant approved was £1,617, and 15 were for Standard Grants.

	<u>GRANTS APPROVED</u>										
<u>1952/56</u>	1957	1958	1959	1960	1961	1962	1963	1964	1965	1966	Total
Discretionary <u>78</u>	15	41	22	12	14	16	17	13	8	5	241
Standard	-	-	5	29	23	19	28	21	14	15	154
Total <u>78</u>	15	41	27	41	37	35	45	34	22	20	395

The number of Improvements completed are as follows:

<u>1952/56</u>	1957	1958	1959	1960	1961	1962	1963	1964	1965	1966	Total
Discretionary <u>45</u>	27	21	46	19	12	13	21	11	13	3	231
Standard	-	-	1	18	12	22	24	25	16	12	130
Total <u>45</u>	27	21	47	37	24	35	45	36	29	15	361

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#### 4. WATER SUPPLIES

A mains supply of water is available to the whole district with the exception of isolated houses and groups of houses, and in some of these cases there are private piped supplies.

Water was supplied to the Council's mains from seven sources and 29 samples were taken from these supplies for bacteriological examination. 25 of these samples were reported as being satisfactory and the remaining 4 as suspicious. Of these, subsequent samples proved to be satisfactory, following treatment and corrective measures at the source.

4 samples from private sources were submitted for bacteriological examination, 2 of which proved satisfactory and 2 unsatisfactory. The unsatisfactory samples were from a shallow well which was subsequently dispensed with following the provision of a bore giving a satisfactory supply.

#### 5. INFECTIOUS DISEASES

No cases of Poliomyelitis were reported during the year.

Reported cases of Scarlet Fever were investigated mainly to ascertain any connection of patients or contacts with food production.

3 reported cases of Salmonella infection in calves were investigated and persons in contact with the animals advised on hygienic precautions.

#### 6. DISINFESTATION

Two cases of verminous premises were reported and disinfestation was carried out.

#### 7. SEWERAGE

All main centres of population with the exception of the village of Foulden, have now been provided with public sewers. At the end of the year under review a scheme for Foulden had been prepared and permission for work to proceed was awaited.

Documents were in the course of preparation for increasing the size of disposal works in the parishes of Weeting and Mundford where, due to the increase in the number of houses, the existing works had become over-loaded. In the case of Mundford, the proposals included extending the sewer to include the village of Ickburgh.

Housing sites and private houses not connected to the public sewer, and served by septic tanks, have been attended to by the cesspool emptying service. Two free services a year are given to owners of houses incapable of being connected to a sewer. Otherwise, a charge is made of 50/- for the first load and 40/- for any subsequent load on the same day.

570 visits to private properties were made during the year, 277 of which were free services.

55 visits to Council House plants and sewage works were made.

#### 8. PUBLIC CLEANSING

Collection of household refuse took place at fortnightly intervals throughout the year, a kerbside collection being operated with three men and one vehicle. During the year, a 50.cu.yd Eagle Crushload continuous loading vehicle was put into service, the old Shelvoke and Drewry vehicle being retained as a stand-by.

The operation of the new lorry facilitated collection in that its capacity called for only one visit to the tip each day, thus saving on overtime previously worked.

Two tips were closed during the year and tipping continued at the remaining three.

Control of Mundford tip has been carried out satisfactorily by contract, levelling and covering being executed fortnightly following three consecutive days of tipping.

Other tips at Ashill and Foulden have mostly been levelled by hand by the collection staff, burning, and rolling with the lorry being carried out to effect consolidation. This has led to more frequent tyre replacements than would be usual under conditions of normal wear and tear.

Salvage of waste paper continued throughout the year. 7.tons 13.cwts 3.qtrs was sold for £23.1.3d collection from store being carried out by the purchaser, no baling having been carried out.

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17 litter baskets have been provided in various villages and are cleared at times of refuse collection.

## 9. FOOD

Premises coming within the jurisdiction of the Food Hygiene (General) Regulations, 1960, numbered 71.

Type of Premises	Number	Complying with Regulation 16	To which Regulation 19 applies	Complying with Regulation 19
General Stores	36	36	33	33
Butchers Shops	3	3	3	3
Fried Fish Shops	1	1	1	1
Bakehouses	1	1	1	1
Cafes	4	4	4	4
Public Houses	22	22	22	22
Poultry Processing Plants	4	4	3	3

120 visits to food premises were made during the year. The standard of cleanliness was found to be generally good and only minor infringements were requested to be rectified.

Whilst shop keepers recognise the legal requirements to keep all foodstuffs displayed outside the shop at least 18 inches above ground level, there has been a tendency for fruit to be displayed inside at a low level, a practice liable to be prejudicial to health, particularly in the case of fruit eaten raw without peeling.

During the year, a booklet published by the Central Council for Health Education entitled "Your Guide to the Food Hygiene (General) Regulations 1960" was circulated to all occupiers of food premises in the district.

Two cases of foreign matter in loaves of bread and one case of mould in a meat pie were brought to the notice of the Council. Each case was a first offence, and warning letters were sent to the producers concerned.

A case occurred of onions being distributed to private houses for peeling, in contravention of the Food Hygiene (General) Regulations, 1962. On representation being made to the distributors, the practice was discontinued.

30 samples of ice cream were taken from retailers, all proving to be satisfactory.

There are four poultry processing plants in the district, one of which carries out full evisceration of all birds handled; one eviscerates approximately 15% of the throughput and at the other two plucking only is carried on, the carcasses being sent to market as 'fresh'.

Birds processed are mostly ducks, capons and turkeys, two of the plants being concerned only with ducks.

10 visits to plants were made, but towards the end of the year, following the receipt of a letter from the Ministry of Health, consideration was given to arranging for frequent and regular inspection and for the implementation of a scheme of rejection of suspect carcasses by plant operators followed by inspection at a later date.

## 10. MILK AND DAIRIES

11 Milk Distributors and 8 Dairies are registered under the Milk and Dairies (General) Regulations 1959. Regular inspection of premises have been made.

A case of a bottle of milk containing a used foil cap was considered, and a warning letter sent to the dairy concerned with bottling.





11. MOVEABLE DWELLINGS

At the end of the year, there were 3 licensed sites for individual caravans in the district. Other caravans were in use but were within the curtilage of dwelling houses and used incidently to such dwellings, thus being exempt from the necessity to be licensed.

A licensed site for 25 caravans was in operation during the year. Caravans on this site are owned by the site operators and each has piped water, water carriage drainage and bath incorporated in its design, drainage being to a private disposal works.

12. RODENT CONTROL

Warfarin bait was again provided free to householders where rat or mouse infestation was present. The public showed awareness of this service and there was a good demand for bait. This occurred mostly during the winter months, particularly after the clearance of sugar beet crops, when rats migrate in search of other sources of food.

Refuse tips were continuously baited by the collection staff and infestation kept at a minimum.

13. COMMON LODGING HOUSES

There are no registered Common Lodging Houses in the district.



PREScribed PARTICULARS ON THE ADMINISTRATION  
OF THE FACTORIES ACT, 1937

PART I OF THE ACT

1. INSPECTIONS for purpose of provisions as to health (including inspections made by Public Health Inspectors)

Premises (1)	Number on Register (2)	Inspections (3)	Number of	
			Written Notices (4)	Occupiers Prosecuted (5)
i. Factories in which Sections 1,2,3,4 and 6 are to be enforced by Local Authorities	-	-	-	-
ii. Factories not included in (1) in which Section 7 is enforced by the Local Authority	20	24	-	-
iii. Other Premises in which Section 7 is enforced by the Local Authority (excluding out-workers' premises)	-	-	-	-
Total.....	20	24	-	-

2. Cases in which DEFECTS were found.

(If defects are discovered at the premises on two, three or more separate occasions they should be reckoned as two, three or more 'cases').

Particulars (1)	Number of cases in which defects were found				Number of cases in which prosecutions were instituted (6)
	Found (2)	Remedied (3)	Referred To H.M. Inspector (4)	By H.M. Inspector (5)	
Want of cleanliness (S.1)	-	-	-	-	-
Overcrowding (S.2)	-	-	-	-	-
Unreasonable temperatures (S.3)	-	-	-	-	-
Inadequate ventilation (S.4)	-	-	-	-	-

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Particulars  (1)	Number of cases in which defects were found				Number of cases in which prosecutions were instituted (6)
	Found (2)	Remedied (3)	Referred To H.M. Inspector (4)	By H.M. Inspector (5)	
Ineffective drainage of floors (S.6)	-	-	-	-	-
Sanitary Conveniences (S.7)					
(a) Insufficient	-	-	-	-	-
(b) Unsuitable or defective	1	1	-	-	-
(c) Not separate for sexes	-	-	-	-	-
Other offences against the Act (not including offences relating to Out-work)	-	-	-	-	-
Total	1	1	-	-	-

I am, Ladies and Gentlemen,

Your obedient Servant,

D.B. FOXWELL

Public Health Inspector



ANNUAL REPORT OF THE SURVEYOR

for 1966

Mr. Chairman,  
Ladies and Gentlemen,

I beg to present my Annual Report for the year 1966

as follows :-

1. WATER SUPPLIES

In all except the sparsely populated areas the Council have provided piped water which, with the exception of the parish of Weeting - where it is purchased from the Ely Water Board supply - is obtained from our own sources. The Council sells water from the Bradenham Headworks to Dereham Urban Council and Mitford and Launditch Rural Council.

EASTERN AREA (OR AREA 'B'.)

This area is made up of the parishes of Bradenham, Holme Hale, Ashill, Saham Toney, North Pickenham, South Pickenham, Necton, Sporle, and Great and Little Cressingham. In addition to these, water is supplied in bulk from the Bradenham Headworks to the parishes of Little Dunham and Shipdham, which are in the Mitford and Launditch Rural District. Part of the Swaffham Urban District also receives water from Bradenham, and the whole of the above area is supplied by a Regional Scheme with the Headworks at Bradenham.

The Bradenham Headworks and Reservoir have been enlarged and a supply of water has been made available to Dereham Urban District, also an additional area of the Mitford and Launditch Rural District. The pumping plant, softeners and filters have all been made three times larger and the storage reservoir has been made of 1,250,000 gallons capacity.

The source at Bradenham comprises of two boreholes sunk into the chalk, one of 18 inches diameter and the other 24 inches diameter and are 400ft and 350ft deep respectively. The raw water is of a high standard of purity; is reasonably hard and contains a quantity of iron which makes it unsuitable for domestic use without treatment. A Permutit 'Spiractor' type of lime softening plant successfully removes all carbonate hardness and iron. The treated water has a hardness figure of approximately 140 parts per million with no iron content and a fluoride content of 0.15.p.p.m.

Frequent bacteriological sampling was undertaken during the year and details of these are given with the Public Health Inspector's section of this report. All samples were satisfactory.

Details of the number of connections made to this scheme are given in the following table :-

CONNECTIONS AREA 'B'.

Parish	Number
Ashill	188
Bradenham	180
Great Cressingham	88
Little Cressingham	66
Holme Hale	116
Necton	343
North Pickenham	147
South Pickenham	39
Saham Toney	339
Sporle	209

The total consumption from the Bradenham source was approximately 420,000 gallons per day during normal periods. During the hot weather we encounter the usual seasonal increase in consumption which caused daily figures to rise by as much as 50 per cent and to drop again very rapidly with the arrival of rainy weather.

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WESTERN AREA (OR AREA 'A'.)

In this area are the parishes of Beachamwell, Gooderstone (with a single headworks at Gooderstone), Cockley Cley, Foulden, Hilborough, Mundford, Narborough, Oxborough and Weeting (supplied in bulk from Ely and Mildenhall Water Board). With the exception of Weeting, these parishes are supplied from small village schemes. The Headworks in each comprise a 6 inch bore with submersible pump, supplying water either to a high level tank or in some cases, pressure set. Water from these sources is hard and only contains traces of iron. It is therefore possible to supply direct to the consumer without treatment of any kind. This also means that these small schemes can be made completely automatic and operated with little attention. The quantity of water consumed in these parishes is given in the following table :-

Beachamwell, Gooderstone & Oxborough (Headworks at Gooderstone & Oxborough)	27,000 g.p.d.
Cockley Cley . . . . .	3,000 g.p.d.
Foulden . . . . .	5,000 g.p.d.
Hilborough . . . . .	4,000 g.p.d.
Mundford . . . . .	65,000 g.p.d.
Narborough . . . . .	30,000 g.p.d.
Weeting (supplied in bulk from Ely & Mildenhall Water Board). . . .	70,000 g.p.d.
	<hr/> 204,000 g.p.d. <hr/>

The pumping capacity at Mundford has been increased to 5,000 gallons per hour and this has now made it possible to deal more comfortably with the rather high demand in this village.

At Weeting, where consumption increased due to new housing development, a booster station was installed on the delivery main from the Ely Water Board, and this resulted in a great improvement in pressure conditions in the whole parish.

Various link mains have been laid in Area B which have improved pressures in the higher areas of supply. Also, the villages of Little Cressingham and Great Cressingham now receive water from the Regional Scheme with its headworks at Bradenham.

During the hot weather these figures may increase by as much as 50 per cent in the same way as shown earlier in the case of Area 'B'.

The total normal daily consumption over the whole district was therefore approximately 623,000 gallons.

Connections in the various parishes in Area 'A' are shown in the following table :-

CONNECTIONS AREA 'A'.

Parish	Number
Beachamwell	79
Cockley Cley	53
Foulden	98
Gooderstone	119
Hilborough	68
Mundford & Ickburgh	305
Narborough	176
Oxborough	71
Weeting	402



## 2. SEWAGE DISPOSAL

The Council's programme for providing main drainage facilities in the whole district is now nearing completion, and in fact the Sewage Disposal Scheme for the Parish of Foulden has been approved by the Ministry of Housing and Local Government. The only parishes now left without main sewers are those with very small populations which would be uneconomic to sewer.

A gradual increase in the population of the Rural District has resulted in the Disposal Works in four of the largest parishes becoming overloaded, and the Council have drawn up a programme for enlarging these works. It will be seen from the schedule of sewer connections that these parishes are Mundford, Necton, Sporle and Weeting, where the number of actual connections exceeds the designed capacity of the works. Schemes for enlarging the disposal installations in these parishes are now in course of preparation.

### SCHEDULE OF SEWER CONNECTIONS.

Connections allowed for	Parish	Connections Total Estimated
88	Great Cressingham	61
72	Holme Hale	50
53	Hilborough	48
123	Mundford	174
169	Necton	214
177	North & South Pickenham	134
175	Ashill	80
120	Sporle	189
286	Weeting	379
286	Saham Toney	175
51	Cockley Cley	34
149	Bradenham	80
340	Narborough	132
145	Gooderstone & Oxborough	88
75	Beachamwell	34

It is noteworthy that the Council's early policy of making water supply and sewers available in the whole district made housing development easier and more attractive resulting in the gradual growth of population and making it necessary to draw up schemes for increasing the size of some of the disposal works.

## 3. HOUSING

Twenty six new Council Houses were completed during the year, bringing the total number of dwellings owned by the Council to 1,089.

As well as the Council Houses completed during the year, there were 88 dwellings built by private enterprise for owner-occupation.

The following Table shows how private enterprise and Council House building compares over the past five years:

### NEW HOUSES COMPLETED

Year	1962	1963	1964	1965	1966
Private Enterprise	79	45	70	66	88
Council Houses	15	17	16	18	26

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From this Table it can be seen that the trend is still toward more private building, and this is due I think in no small measure, to the Council's encouragement to owner-occupiers and of course to the fact that every parish has water and sewers available.

The latest type of Old People's Bungalows provided by the Council also deserve a mention. These are being built with every possible amenity for the elderly, including complete thermal insulation of walls, floors and roof, and full electric central heating. In this field, I consider the Council are taking the maximum advantage of all modern building methods and I am sure that ultimately such an effort can only be rewarded by success. Some of these bungalows are now occupied and the tenants are most comfortable and highly pleased with their new homes despite initial apprehension in some cases about central heating and the fact that there is no open fire.

I am, Ladies and Gentlemen,

Your obedient Servant,

E.M. JENKINS

Surveyor & Water Engineer.







